Form **990**

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For t	he 2016 calen	dar year, or tax	year begi	inning		, 20	16, and	lendin	g		,	
В	Check	if applicable	С								D Employe	er identıfi	cation number
	Ā	ddress change	YUMA BOYS	BASEB	ALL LEAG	UE					20-3	35038	24
	\square_{N}	ame change	PO BOX 58								E Telepho		
	$H_{\rm in}$	nitial return	YUMA, AZ	85366-	5847								
	Н	nal return/terminated									 -		
	\vdash	mended return										&	00 155
			F Name and addi	occ of armou	nol officer					H/a) Is this	G Gross re a group return		
	A [A	pplication pending	i							l ` '	• •		H''' H'''
-			Same As C				T-0		1	If 'No,'	subordinates attach a list	(see instri	uctions) Tes Line
<u> </u>		-exempt status	X 501(c)(3) -	501(c) (<u> </u>	nsert no.)	4947(a)(1)	or	527				
7		bsite: ► N/								H(c) Group	exemption nu	mber >	
K		n of organization	X Corporation	Trust	Association	Other -		L Year o	of format	ion 196	7 M is	tate of leg	gal domicile AZ
P	art I	Summar										_	
	1	Briefly descri	be the organiza	tion's mis	sion or most	significant a	ctivities P	<u>ROVI</u>	<u>DE A</u>	BASEB.	ALL LEA	AGUE_	FOR THE
بە	1	YOUTH_IN	YUMA COU	<u> </u>									
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Governance	١.						-,,						
õ	2	Check this bo			ion discontinu			sposed	d of mo	ore than 2	5% of its i		ets.
			oting members of dependent votir					ına 1h\				3	
Sa	-		r of individuals (-	_				,		}	4	0
₹	6		r of volunteers (ear 2010 (1 a	art v, mie	2a)			ŀ	6	80
Activities &	7a		ed business rev			lumn (C). lir	ne 12				ŀ	7a	0.
~	r		d business taxal								ŀ	7b	0.
	 			<u> </u>						P	rior Year		Current Year
,	8	Contributions	and grants (Pa	rt VIII, lin	e 1h)					<u>-</u> -			
Revenue	9		vice revenue (Pa		•					├ ──	92,2	96.	82,143.
چ ک چ	10		ncome (Part VIII			4, and 7d)						12.	12.
૾ૢ &	11		ie (Part VIII, col				nd 11e)						
	12		e – add lines 8-				•	, line 1	2)		92,3	08.	82,155.
_	13	Grants and s	ımılar amounts	paid (Par	-IX\column ((A), lines 1-3	3)						
5	14	Benefits paid	to or for memb	ers (Part	1X columns-6	4) line 4)							
•	15	Salaries, other	er compensation	, employ	ee benefits (F	ant IX, colu	mn (A), lır	es 5-10	0)				
Ş	16a	Professional	fundraising fees		Columb (A)	line 11e)				-			
Expenses					1	2504 1				 			
ង			sing expenses (84 TV 118	9A II II II	" —							
_	17		ses (Part IX, col							L	92,3		86,171.
	18		es Add lines 13				A), line 25))		<u> </u>	92,3		86,171.
		Revenue less	expenses Sub	tract line	18 from line	12						76.	<u>-4,016.</u>
8	1									Beginnir	g of Current	Year	End of Year
200	20		(Part X, line 16)								32,4	16.	<u> 28,400.</u>
¥ ¥	21	Total habilitie	es (Part X, line 2	26)								0.	0.
Ž	22		fund balances	Subtract	line 21 from	line 20				<u> </u>	32,4	16.	28,400.
Pa	art II	Signatur	e Block										
Und	er penai	Ities of perjury, I de	eclare that have exa	mined this re	eturn, including ac	companying sch	edules and st	atements	, and to t	the best of m	y knowledge a	and belief	, it is true, correct, and
	piete D	T	arer (dater than office	r) is based of	in ar mormation o	- writeri preparei	nas any kno	wieage ————					
		2	111/11								5-1	57	7
Sig	gn		fe of officer							Da	te		,
He	re		<u>RGE M OWEN</u>	<u>S</u>						PRES]	DENT		
			print name and title		<u> </u>		10	<u> </u>					
		Print/Type p	oreparer's name		Preparer's sig	nature	dE	Date	e /	,	Check	lf P	TIN
Pa	id	Rex A.	. Pope		Rex A.	Pope		<u> </u>	5//5	117	self-employe	d P	00465648
Pr	epare		∘ ► Shippe	en, Por	oe & Asso	ciates,	PLLC			,			
	e On		ess ► 200 E		St Ste 20						Firm's EIN	81-	3095180
	Yuma, AZ 85364							Phone no	(928)				
Ma	y the	IRS discuss th	nis return with th			ve? (see ins	tructions)					<u> /</u>	X Yes No
=			aduation Ast N			Inchuration							Form 900 (2016)

	990 (2016) YUMA BOYS BASEBALL		20-3	3503824	Page 2
Par					
	Check if Schedule O contains a response	nse or note to any line in this Part III			
٦,	Briefly describe the organization's mission.				
	PROVIDE A BASEBALL LEAGUE FO	OR_THE_YOUTH_IN_YUMA_COUNTY			
	~				
				- -	
	Did the organization undertake any significant a	rogram services during the year which were not listed on	the prior		
_	Form 990 or 990-EZ?	rogram services during the year which were not listed off	tile prior	Yes	X No
	If 'Yes,' describe these new services on Sch	edule O		les	V 140
3		ake significant changes in how it conducts, any progr	am services?	Yes	X No
	If 'Yes,' describe these changes on Schedule		u 55. 1.555		Λ
4	Describe the organization's program service Section 501(c)(3) and 501(c)(4) organization and revenue, if any, for each program service	accomplishments for each of its three largest progra s are required to report the amount of grants and allo e reported	m services, as ocations to othe	measured by ers, the total e	expenses expenses,
4 a	(Code) (Expenses \$	86,171. including grants of \$) (Revenue	\$)
-		NISTERED AND COMPETITIVE SEASONAL			FOR
	TEAMS IN YUMA, AZ.		- 21.000		<u></u>
	3223232222222222				
				<u> </u>	
4 b	(Code:) (Expenses \$	including grants of \$) (Revenue	\$)
4	(Code.) (Expenses' \$	including grants of \$) (Revenue	Ś	
	(code:) (Expenses 4			<u> </u>	
_					
4 d	Other program services (Describe in Schedu				
		uding grants of \$) (Reven	ue \$)
	Total program service expenses ▶	86,171.		F	000 (201C)
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Form 990 (2016) YUMA BOYS BASEBALL LEAGUE Part IV | Checklist of Required Schedules

			Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
_ <u>3</u> _	Did the organization engage in direct or indirect political campaign activities on behalf-of or in opposition to candidates———— for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes.' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
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Form 990 (2016) YUMA BOYS BASEBALL LEAGUE

Part IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
t	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line_1? If 'Yes,-' complete-Schedule I,-Parts-I-and-II	21 -		_x-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2 ⁷ If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 8	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
ı	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	i '	х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
1	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38		Х
BAA		Form	990 ((2016)

As Enter the number reported in Box 3 of Form 1996 Enter -0- if not applicable 1a 0 0 b Enter the number of Forms W-26 included in line 1a Enter -0- if not applicable 1b 0 0 c DV the organization comply with tabeling without parts for proprietable symenis to vendors and reportable gaming - Cambridge with a control of the complex of th	Check if Schedule O contains a response or note to any line in this Part V			Г				
b Enter the number of Forms W-26 included in line 1a Enter -0- if not applicable collection of programmation comply with backup withholding rules for reportable payments to vendors and reportable gaming — (garithfing) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State— Bit al least one is reported on line 2a, diff the organization in the ill required federal employment lax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-five (see instructions) 3a Did the organization have unrelated business organization of 31,000 or more cluming the year? 3b If Yes, 1 set itled a Form 590- To the year If Mr to line 2a, did the organization and entered in, or a separative or other authority over, a formatical account in a foreign country; (such as a bank account, securities account, or other financial account in a foreign country; (such as a bank account, securities account, or other financial account in a foreign country; to a prohibited tax shelter transaction? 5a Wass the organization and year of the region country; to a prohibited tax shelter transaction? 5b If Yes, 1 due to the mane of the foreign country; to a prohibited tax shelter transaction? 5c If Yes, 1 due the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 1 due the organization that it were not tax deductible as charitable contributions? 5c If Yes, 1 due the organization and year greates that are normally greater than \$100,000, and did the organization shell exclude with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If Yes, 2 due the organization and year the organization that a deductible? 5c If Yes, 3 due the organization on the year and year a	,		Yes	No				
c Did the organization comply with facture, withholding rules for reportable payments to vendors and reportable garning [1c] [2a] [2b] [2b] [2b] [2c] [2c] [2c] [2c] [2c] [2c] [2c] [2c	1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0							
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return bit fal leads one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a Did the organization may be required to e-file (see instructions) 3 bit files, the filed a form 980-T for this year? If the to line 3a, powed an explanation or sheetable 0 4 and any time during the calendar year, did the organization have an enterest in, or a signature or other authority over, a financial account in a foreign country; See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5 a Was the organization a party to a prohibited tax sheller transaction at any time during the lax year? 5 bit Was, for the Sa or 5b, dot the organization half it was or is a party to a prohibited as sheller transaction? 6 a Does the organization receive an anual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not lax deductible as charitable contributions? 5 bit Yes, did the organization incluse with every solicitation and express statement that such contributions or gifts were not lax deductible. 6 bit organization shad may receive deductible contributions under section 170(c). a bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the peyor. 7 organizations that may receive deductible contributions under section 170(c). a bid the organization decrease any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 organizations that may receive deductible and the property, did the organization file or may 889?	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0							
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax State 2	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	- 1 c	-					
bit all least one is reported on line 2a, did the organization tile all required federal employment tax returns? Note: If the sum of lines Ia and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5b If the's, has it filed a From 500-1 for this year? If No To line 3b, provide an explanation in Schedule 0 5b If The's, indicate the name of the foreign country? 5a At At any time during the calendary year. of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Securities account, or other financial accounts (FBAR). 5a Was the organization for foreign country. 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a Did any taxable party notify the organization have tax foreign the samples of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of tax deductible as charitable contributions? 6b If The's, did the organization notify the donor of the value of the goods or services provided? 6c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If Wes, did the organization notify the donor of the value of the goods or services provided? 7c Did the organization services any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Did the organization services are provided to the payor? 8c Did the sponsoring organizations and the year, as premiums, directly or indirectly, on a personal benefit contract? 9c	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return							
Note. If the sum of lines Ia and 2a is greater than 250, you may be required to e-Me (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a		2 h						
3 A X B bit Yes, has it filed a Ferm 990. Tight his year? If No to like 38, promote an explanation in Schedule 0 4 A At any time during the calendar year, all the organization have an interest in, or a signsture or other authority over, a financial account in a foreign country; douch as a bank account, securities account, or other financial accounts (FBAR). 5 A Was the organization for fining requirements for FinCN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5 A Was the organization of party to a prohibited tax sheller transaction at any time during the lax year? 5 A Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not lax deductible as characteristic contributions that were not lax deductible as characteristic contributions and were not lax deductible as characteristic contributions and were not lax deductible as characteristic contributions and services provided to the pagnization noticity with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the paymaration notify the donor of the value of the goods or services provided? 7 bit Yes, 'did the organization notify the donor of the value of the goods or services provided? 8 bit the organization received a contribution of qualified intellectual property, did the organization file form 8202? 9 that the organization make a distribution of qualified intellectual property, did the organization file? 9 the organization make a distribution of cars, boals, airplanes, or other vehicles, did the organization file a form 1094? 10 the organization make a distribution of davised funds. Did a donor advised fund maintained by the sponsoring organizations make a distribution to a donor, dono	· · · · · · · · · · · · · · · · · · ·	_==	-					
b If Yes, in third a Form 990-T for this year? If Not to line 3b, provide an explanation in Schedule 0 4 a At any time during the calendary year, and the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a blank account, or other financial accounts)? 5 a Was the organization as party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization as party to a prohibited tax shelter transaction at any time during the tax year? 5 b Dot any taxable party notify the organization that I was or is a party to a prohibited tax shelter transaction? 5 in Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariable contributions? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariable contributions? 6 a IX 5 b If Yes, and the organization include with every solicitation an express statement that such contributions or girts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 b If Yes, and the organization notify the donor of the value of the goods or services provided? 9 b If Yes, indicate the number of Forms 8282 filed during the year. 9 b If Yes, indicate the number of Forms 8282 filed during the year permits on a personal benefit contract? 9 b If Yes, indicate the number of Forms 8282 filed during the year as equivaled. 9 c Ded the organization currency any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 c Evid the organization and provide that the property of the degral property of the degral property of the property of th		3 a		X				
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		9.2						
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12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b	b Gross income from other sources (Do not net amounts due or paid to other sources							
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b		12 a						
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Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b		13a	f					
c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q 14b								
c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q 14b	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b							
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q								
	14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes _1.a Enter_the_number_of-voting-members of-the-governing body-at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8 a X b Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10 a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a X **b** Other officers or key employees of the organization 15_b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16_b **Section C. Disclosure** 17 List the states with which a copy of this Form 990 is required to be filed > ΑZ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Other (explain in Schedule O) Own website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records GEORGE M OWENS 3099 SOUTH ARIZONA AVENUE YUMA AZ 85364 (928) 210-4383

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- - List all of the-organization's-current officers, directors, trustees-(whether-individuals or-organizations), regardless of amount of-compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees, and former such persons.

X Check this box if neither the organization nor any relate	ed organız	ation	con			d any	/ cu	rrent officer, direct	or, or trustee	
(A) Name and Title	(B) Average hours	director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GEORGE M OWENS	2							_	_	
PRESIDENT	0			X	<u> </u>			0.	0.	0.
								_		
<u>(5)</u>										
<u></u>										-
_(8)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section	on A. Officers, Directors, Tru	(B)	Key	En		oye C)	es,	and	d Highest Con	pensated	Empl	oyees	(continued
•	(A) Name and title	Average hours per week	offi	cer a	Pos check ess pe	sition more erson direct	than is both or/trus	h an itee)	(D) Reportable compensation from the organization	(E) Reportable compensation related organiz	from ations	(F) Estimated amount of other compensation	
		(list any hours for — for — related organiza - tions below dotted line)	or director	nstițutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MI	SC) 	fro orga and	om the inization related nizations
(15)													
(16)			 						-,-,-				
(17)													
(18)													
(19)						<u> </u>							
(20)													
(21)													
(22)													
(23)			ļ -				_						
(24)													
(25)												, , , , ,	
1 b Sub-total		!					<u> </u>	>	0.		0.		(
c Total from co	ontinuation sheets to Part VII, Secti	on A						▶	0.		0.		C
	of individuals (including but not limited	to those I	ısted	abo	ve) v	who	recei	ved		0 of reportable		ensation	
nom the orga	U U												Yes N
3 Did the organ on line 1a? It	nization list any former officer, direc f 'Yes,' complete Schedule J for suc	tor, or tru h ındıvıdu	istee <i>ial</i>	, key	en en	nplo	yee,	or h	nighest compensa	ted employee	!	3	
4 For any indiv the organizat such individu	idual listed on line 1a, is the sum of tion and related organizations greated	f reportab er than \$1	le co 50,0	mpe 00?	ensa If '\	ition <i>es</i> ,	and con	oth <i>iple</i>	er compensation te Schedule J for	from		4	
5 Did any perso	on listed on line 1a receive or accru rendered to the organization? <i>If 'Yes</i>	e comper	nsatio	on fr	om Jule	any <i>I f</i> o	unre	late	ed organization or	ındıvıdual		5	3
Section B. Inde	ependent Contractors												
1 Complete this compensation	s table for your five highest compen from the organization Report compen	sated ind sation for	epen the c	den alen	t co dar <u>:</u>	ntra year	ctors endi	tha	it received more to with or within the or	han \$100,000 ganization's ta	of x year		
	(A) Name and business add	ress							(B) Description (of services		Comper	s) nsation
2 Total number	of independent contractors (including t	out not lim	ited to	o the	se I	ısted	l abo	ve)	who received more	than			
\$100,000 of c	compensation from the organization		TEEA	21001	11/							Form (990 (201

	Check if Schedule O contains a response or note to a	ny line in this Part V	III		
·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts	1 a Federated campaigns 1 a				
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues 1 b				
§. (§	c Fundraising events.				
£ i≅	d Related organizations 1 d	_			
Si.	e Government grants (contributions)	_			
ation er S	f All other contributions, gifts, grants, and similar amounts not included above				
혈충		_			
투	g Noncash contributions included in lines 1a-1f \$			•	
<u>2</u> <u>8</u>	h Total. Add lines 1a-1f				
Program Service Revenue	Business Code	70 740			
8	2a REGISTRATION	78,748.	78,748.		
ë.	b SPONSOR FEES	2,600.	2,600.	<u></u>	
Ž.	c RESTITUTION INCOME	795.	795.		
Š	[~]				
Tar	f All other program service revenue				· · · · · · · · · · · · · · · · · · ·
Š	g Total. Add lines 2a-2f	82,143.			1
	3 Investment income (including dividends, interest and	02,143.			
	other similar amounts)	12.			12.
	4 Income from investment of tax-exempt bond proceeds.	-			
	5 Royalties	<u> </u>			
	(i) Real (ii) Personal	<u> </u>			
	6 a Gross rents	-			
	b Less rental expenses	4			•
	c Rental income or (loss) d Net rental income or (loss)				
	(A) Convention (A) Other				<u> </u>
	7 a Gross amount from sales of assets other than inventory				
		1			
	b Less: cost or other basis and sales expenses				İ
	c Gain or (loss)	1			
	d Net gain or (loss)	•			
Other Revenue	8 a Gross income from fundraising events (not including \$,	
ě	of contributions reported on line 1c) See Part IV, line 18				
<u> </u>	b Less: direct expenses	-			
톭	c Net income or (loss) from fundraising events				
O		-			
	9 a Gross income from gaming activities See Part IV, line 19				
	b Less: direct expenses	1			
	c Net income or (loss) from gaming activities	•			
	10a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b]			
	c Net income or (loss) from sales of inventory	•			
	Miscellaneous Revenue Business Code				
	11a 	ļ			<u> </u>
	b	ļ			
	C				
	d All other revenue	 			
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	82,155.	82,143.	0.	12.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns A	All other organizations must complete column (A)
Check if Schedule O contains a response or note to	any line in this Part IX.

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21			<u> </u>	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				L
	Legal				
	Accounting	4,000.	4,000.		
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O.)	80.	80.		
٠	Advertising and promotion	100.	100.		· · · · · · · · · · · · · · · · · · ·
13	Office expenses	1,035.	1,035.		
14	Information technology	<u>-</u>			
15	Royalties				
16 17	Occupancy Travel	2.560	0.560		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,568.	2,568.		
	Conferences, conventions, and meetings Interest .				
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization				
_	Insurance .	8,465.	8,465.		
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	07103.	0,403.		
а	Event_Expense	18,444.	18,444.		
	Contract Labor	17,235.	17,235.	_	-
	Uniforms	15,999.	15,999.		
	Equipment	8,863.	8,863.		
e	All other expenses See Sch. O	9,382.	9,382.		
25	Total functional expenses. Add lines 1 through 24e	86,171.	86,171.	0.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

BAA

Form 990 (2016)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 32, 416 1 28,400. Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10 a **b** Less accumulated depreciation 10b 10 c Investments - publicly traded securities. 11 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 32,416 28,400 Accounts payable and accrued expenses 17 <u>17</u> 18 Grants payable 18 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 0. 0. Organizations that follow SFAS 117 (ASC 958), check here ▶ |X| and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 28,400. 32,416 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Assets or Fund Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 33 32,416 28,400 34 Total liabilities and net assets/fund balances 32,416 34 28,400

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		0-3503824		Pag				
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				П			
্1	Total revenue (must equal Part VIII, column (A), line 12)	1		82,	155.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	86,171.					
3	Revenue less expenses Subtract line 2 from line 1	3			016.			
_ 4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,416					
5	Net unrealized gains (losses) on investments	5						
6	6 Donated services and use of facilities 6							
7	7 Investment expenses 7							
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	column (B))							
Pa	rt XII Financial Statements and Reporting				400.			
	Check if Schedule O contains a response or note to any line in this Part XII				П			
				Yes	No			
1	Accounting method used to prepare the Form 990 X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.							
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	ewed on a						
l	b Were the organization's financial statements audited by an independent accountant?		2 ь		Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both Separate basis Both consolidated and separate basis	arate						
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	ıdıt,	2 c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O							
3 :	3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?							
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3 b					
BAA			Form	990	(2016)			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization Employer identification number YUMA BOYS BASEBALL LEAGUE -20=3503824 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(bX1)(AXI). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 |X| An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) above (see instructions)) Yes No (A) (B) (C) (D) **(E)**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support					<u></u>	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support				_		
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc (see in	structions)			12	-
13	First five years. If the Form 990 is a organization, check this box and	for the organization stop here	n's first, second, th	ırd, fourth, or fıfth t	ax year as a sectio	n 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage		•		
14	Public support percentage for 20		• • • • • • • • • • • • • • • • • • • •	ne 11, column (f))		14	%
15	Public support percentage from 2		•			15	
16a	33-1/3% support test—2016. If the and stop here. The organization	ne organization d qualifies as a pul	id not check the b blicly supported o	oox on line 13, and rganization	d line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test—2015. If th and stop here. The organization	e organization die qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 33	3-1/3% or more, ch	eck this box
17a	10%-facts-and-circumstances te or more, and if the organization ithe organization meets the 'facts'	meets the 'tacts-a	and-circumstance:	s' test, check this.	box and stop her	e. Explain in Part \	√l how
	10%-facts-and-circumstances te or more, and if the organization roganization meets the 'facts-and	meets the 'facts-a J-circumstances'	and-circumstance: test The organiza	s' test, check this ation qualifies as a	box and stop her a publicly support	e. Explain in Part \ ed organization	VI how the ►
18 ——	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a,	or 17b, check thu	s box and see inst	ructions

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support								
Calend	ar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
_ '_	Gifts, grants, contributions, and membership-fees received (Do not include							
_	any 'unusual grants ')						0.	
2	Gross receipts from admissions, merchandise sold or services]						
	performed, or facilities				-			
	furnished in any activity that is related to the organization's							
	tax-exempt purpose						0.	
3	Gross receipts from activities that are not an unrelated trade							
	or business under section 513	66,761.	80,518.	79,589.	92,296.	82,143.	401,307.	
4	Tax revenues levied for the organization's benefit and	· <u>-</u>						
	either paid to or expended on							
5	its behalf The value of services or						0.	
,	facilities furnished by a							
	governmental unit to the organization without charge		i				0.	
6	Total. Add lines 1 through 5	66,761.	80,518.	79,589.	92,296.	82,143.	401,307.	
	Amounts included on lines 1.	00,701.	00/010.	75,005.	32,230.	02,7210.	202700.	
	2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.	
b	Amounts included on lines 2	<u> </u>				<u>, , , , , , , , , , , , , , , , , ,</u>		
	and 3 received from other than disqualified persons that				1			
	exceed the greater of \$5,000 or							
	1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.	
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.	
8	Public support. (Subtract line							
<u>C</u>	7c from line 6)						401,307.	
	tion B. Total Support	(=) 2012	(b) 2012	(a) 2014	(d) 201E	(e) 2016	(f) Total	
	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2012 66, 761.	(b) 2013 80, 518.	(c) 2014 79, 589.	(d) 2015 92, 296.	82,143.	401,307.	
-	Gross income from interest, dividends,	00,701.	60,516.	13,303.	92,290.	02,143.	401,307.	
	payments received on securities loans,							
	rents, royalties and income from similar sources	10.	8.	9.	12.	12.	51.	
b	Unrelated business taxable income (less section 511							
	taxes) from businesses						_	
_	acquired after June 30, 1975 Add lines 10a and 10b	10		0	10	12.	<u>0.</u> 51.	
11	Net income from unrelated business	10.	8.	9.	12.	12.	51.	
	activities not included in line 10b,							
	regularly carried on						0.	
12	Other income Do not include							
	gain or loss from the sale of capital assets (Explain in						_	
12	Part VI)			_			0.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	66,771.	80,526.	79,598.	92,308.	82,155.	401,358.	
14	First five years. If the Form 990	is for the organiza						
Sac	organization, check this box and tion C. Computation of Pul		ercentage					
15	Public support percentage for 20			e 13. column (f))		15	99.99 %	
	Public support percentage from 3	· · · · · · · · · · · · · · · · · · ·				16	99.99 %	
	tion D. Computation of Inv							
17								
18	Investment income percentage from 2015 Schedule A, Part III, line 17							
19a	33-1/3% support tests-2016. If t	the organization d	id not check the b	ox on line 14, an			line 17	
	is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization X b 33-1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and							
b	33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%	ine organization d b, check this box a	ia not cneck a box and stop here. The	c on line 14 or lin e organization qu	e 19a, and line 16 alifies as a publicl	y supported organi	ization	
20	Private foundation. If the organiz						▶	
			7777 404031			andula A /Farm 00	2 000 57 0016	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2	~	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b	 	
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4 c		
5a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	·	
t	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	- 5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
t	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
(c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
ŧ	b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b	-	

Pa	rt IV Supporting Organizations (continued)						
			Yes	No			
•	Has the organization accepted a gift or contribution from any of the following persons?						
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?							
b A family member of a person described in (a) above?							
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.						
Se	ction B. Type I Supporting Organizations						
			Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	1					
_	applied to such powers during the tax year	⊢ <u>'</u>		-			
2	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization						
Se	ction C. Type II Supporting Organizations						
			Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1					
Se	ction D. All Type III Supporting Organizations						
<u> </u>			Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the						
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u></u>	ļ			
	Ware any of the average transfer officers dispeters or trustees of the (1) appointed or elected by the supported						
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2					
3	3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at						
	all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard						
Se	ction E. Type III Functionally Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).						
•							
	a The organization satisfied the Activities Test. Complete line 2 below						
	b The organization is the parent of each of its supported organizations. Complete line 3 below						
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	nstruc	ctions)	1			
2	2. Activities Test. Answer (a) and (b) below.		Yes	No			
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted						
	substantially all of its activities.			ļ			
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b					
3	Parent of Supported Organizations Answer (a) and (b) below.						
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.						
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b					

20-3503824

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ons			
Sec	tion A — Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)			
1	-Net short-term-capital gain — ——————————————————————————————————	- 1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sec	ction B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
	Average monthly value of securities	1a				
l	Average monthly cash balances	1b				
	c Fair market value of other non-exempt-use assets	1c				
	d Total (add lines 1a, 1b, and 1c)	1d				
-	e Discount claimed for blockage or other factors (explain in detail in Part VI).					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3		<u></u>		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sec	ction C — Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions)	grated	Type III supporting or	ganization		
_						

	pporting Organiza	itions (continuea)			
Amounts paid to supported organizations to accomplish exempt pur					
Amounts paid to perform activity that directly furthers exempt purposes of income from activity	of supported organization	s,			
Administrative expenses paid to accomplish exempt-purposes of su					
Amounts paid to acquire exempt-use assets					
Qualified set-aside amounts (prior IRS approval required)					
Other distributions (describe in Part VI) See instructions					
Total annual distributions. Add lines 1 through 6.					
Distributions to attentive supported organizations to which the organization Part VI) See instructions	on is responsive (provide	details			
Distributable amount for 2016 from Section C, line 6					
Line 8 amount divided by Line 9 amount					
tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016		
Distributable amount for 2016 from Section C, line 6					
Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions					
Excess distributions carryover, if any, to 2016					
From 2013					
From 2014					
From 2015					
Total of lines 3a through e					
Applied to underdistributions of prior years					
Applied to 2016 distributable amount		1			
Carryover from 2011 not applied (see instructions)					
Remainder Subtract lines 3g, 3h, and 3i from 3f.					
Distributions for 2016 from Section D, line 7 \$					
Applied to underdistributions of prior years					
Applied to 2016 distributable amount					
Remainder Subtract lines 4a and 4b from 4					
Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.					
Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions			_		
Excess distributions carryover to 2017. Add lines 3j and 4c.					
Breakdown of line 7.					
	·				
Excess from 2013					
Excess from 2014					
Excess from 2015					
Excess from 2016					
	Amounts paid to supported organizations to accomplish exempt pur Amounts paid to supported organizations to accomplish exempt pur Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity. Administrative expenses paid to accomplish-exempt-purposes of surfaministrative expenses paid to accomplish the purposes of surfaministrative expenses paid to accomplish the purpose of surfaministrative expenses paid to accomplish the purpose of surfaministrative expenses of surfaministrative expense	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to supported organizations to accomplish exempt purposes of supported organization in excess of income from activity Administrative expenses paid-to accomplish-exempt-purposes of supported organizations. Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide in Part VI) See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount tion E — Distribution Allocations (see instructions) Distributions amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions Excess distributions carryover, if any, to 2016 From 2013 From 2014 From 2015 Total of lines 3a through e Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2016 distributable amount Carryover from 2011 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2016 from Section D, line 7 \$ Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions for person prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Excess from 2014 Excess from 2014 Excess from 2014 Excess from 2015	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid-to accomplish-exempt-purposes of supported organizations. ————————————————————————————————————		

BAA

Schedule A (Form 990 or 990-EZ) 2016

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

20-3503824 YUMA BOYS BASEBALL LEAGUE

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Documents available upon request.

Form 990, Part IX, Line 24e Other Expenses

	(A)	(B) Program	(C) Management	(D)
	Total	Services	& General	<u>Fundraising</u>
Awards & Prizes Bank Charges Charter Dues/Fees Event Meals Misc Expenses Refunds	3,817. 72. 3,098. 1,835. 335. 225. Total \$ 9,382.	3,817. 72. 3,098. 1,835. 335. 225. \$ 9,382.	<u>\$</u> 0.	\$ 0.